DOCUMENT RESUME

ED 237 029 CG 018 251

AUTHOR Richmond, Jayne; Shoop, Robert
TITLE Prevention through Coalitions: The Role of the Human Service Professional.
PUB DATE Aug 84
NOTE 13p.; Paper presented at the Annual Convention of the American Psychological Association (92nd, Toronto, Ontario, Canada, August 24-28, 1984).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Agency Cooperation; Community Cooperation; Community Services; Cooperative Planning; Human Services; *Interdisciplinary Approach; *Interprofessional Relationship
IDENTIFIERS *Coalitions; *Primary Prevention

ABSTRACT

Human service professionals, lacking a viable model to incorporate primary intervention into the human service provider's role, seldom practice primary prevention. Collaboration is the most appropriate model for introducing primary prevention into a community human service delivery system. The collaboration model was applied in a midwestern community concerned about a dramatic increase in the incidence of rape. Researchers, human service professionals, and concerned citizens joined together in a coalition building program which developed a strategy of education, prevention, and maintenance. The activities of the coalition prompted several community agencies to significantly modify their commitments and activities in the area of rape prevention. Primary prevention recognizes the interdependence of the individual and society and seeks to intervene at both levels. If collaboration is to work, human service professionals need both a commitment to primary prevention and specific training in the strategies of community intervention. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED257029

Prevention Through Coalitions: The Role of the Human Service Professional

Jayne Richmond, Ph.D.
Assistant Professor
Counseling and Student Personnel
Kansas State University

Robert Shoop
Professor
Educational Administration
Kansas State University

Running Head: Coalition Building

CG 018251

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Jayne Richmond

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Primary prevention is seldom practiced by human service pofessionals, despite the urgings of professional literature (Goodyear, 1976; Conyne, 1983). It is clear that different human service professionals in the community, including counselors, community educators, and mental health paraprofessionals have a vital role to play in community intervention strategies. Yet many programs that train these service providers, focus primarily on treatment and remediation. A major reason for this gap between theory and practice is the lack of a viable model which facilitates the incorporation of primary intervention into the human service provider's role.

Caplan (1964) delineated the philosophy of primary intervention as a strategy that seeks to reduce the risk of illness for a whole population, rather than focusing only on the individual. A more inclusive definition describes primary prevention as proactive, population based, anticipating of potential disorders for populations at risk, and involving before-the-fact interventions that are intended to reduce the incidence of a disorder by counteracting harmful circumstances (Conyne,1983). Thus, primary prevention recognizes the interdependence of the individual and society and seeks to intervene at both levels.

Goodyear and Sinnett (1983) have suggested that primary prevention may be an ethical obligation for all human service professionals. Ignorance of primary prevention can be seen in many counselor's lack of awareness of each other, lack of referral to each other, lack of information concerning a communities helping network - all of which may prevent community members from seeking or receiving the most effective services possible.

Because society is complex and the challenge of working in cooperation with divergent groups is so frustrating, there is a strong temptation to "go it alone." But the likelihood that services will meet immediate as well as long term needs and be accessible, affordable, and responsive to changing needs is significantly reduced if there is no comprehensive and cooperative program of human service delivery.

Loughran (1981) offers four specific models of interaction useful for human service agencies: networking, coordination, cooperation, and collaboration. Each model has specific goals and requires different skills for effective implementation.

Networking is the most appropriate model to use if the goal is to facilitate communication among individuals. It requires very little interaction among participants, is often unnoticable to the outside world, allows for the exchange of information, and results in little agency autonomy being lost. The

establishment of a newsletter for all human service agencies in a community is an example of a networking activity.

Coordination aims at combining two or more agencies as to eliminate duplication and needless competition. Little agency autonomy is lost and little public attention is attracted. The joint sponsorship of a workshop on a topic of concern to the clients of two agencies is an example of coordination.

Cooperation involves a significant increase in agency commitment. The agencies involved remain separate, but there is considerable personal contact between staff members of the cooperating agencies, and there is likelihood of wide publicity. Some institutional autonomy is lost, but certain benefits ensue. The conducting of a joint needs assessment followed by a joint decision on which agency will offer specific services is an example of cooperation.

Collaboration involves shared activities and commitment to a common goal. Some agency autonomy is lost, and a high degree of contact usually results. Collaboration is also highly visible to the outside world. A collaborative effort demands a high degree of trust, frequent face-to-face communication, and a great deal of commitment. The potential for inter-agency conflict is great. Face-to-face interaction and the structuring of ambiguous tasks are carried out most successfully in small group. In spite of the risks of conflict, collaboration is the

most appropriate model for introducing primary prevention into a communities human service delivery system.

Collaboration into Practice

In order to adapt a model of collaboration to the process of primary intervention, the authors borrowed from the philosophies of prevention theory (Caplan,1964), feminist theory (Greenspan,1983), and community education (Shoop, 1979), all of which stress the need for an assertive facilitator who can help others address the needs of the community. The first step in gaining a commitment from various agencies to become involved in a collaborative effort is to identify the mutual needs of each agency. A facilitator must then help these agencies set specific goals that are mutually advantageous. Once the commitment to collaborate is established, the long range goal is to create a coalition to work toward the solution of a specific problem.

The coalition has the responsibility to develope:

1) A group that is willing to take the responsibility for convening the relevant parties.

2) A steering committee of committed persons whose function is to assist in identifying the direction of the coalition.

3) A statement of purpose broad enough to accomodate all parties, but specific enough to identify a target for action.

4) A statement of long- and short-range goals focusing both

on internal capacity-building and external efforts, and including a process for identifying, recruiting, and developing leaders.

5) A commitment to continually incorporate community imput and societal influences into coalition goals, and to interpret these goals to the community.

Collaboration is time-consuming, but it has the potential to reduce fragmentation, competition, and turf-guarding, that are so often found in human service networks. A collaborative process can reduce inaccurate perceptions on the part of both community service providers and citizens. Collaboration can serve as a mediating structure between private and public human service agencies and the community.

The collaboration model was applied in one community in the fall of 1983. The following synopsis highlights its step-by-step implementation.

A midwestern community was struggling to cope with what seemed to be a dramatic increase in the incidence of rape. Citizens and professionals watched as fear bordering on panic spread accross their community when six women were raped in an eight week period. The community had all the resources traditionally associated with rape counseling: a rape crisis center, a woman's resoure center, a crisis phone line, a

psychiatric clinic, a feminist support group, hospitals, etc. Although each agency responded according to its function and role, the fear of rape increased and citizens became angry.

As the rapes crossed all social and racial boundaries, citizens began to question the ability of their human service professionals to respond adequately to the crisis. The community wanted more than the apprehension and conviction of the rapist and support for the victims; they wanted someone to stop the rapes from occuring.

The researchers joined with several human service professionals and other citizens to take the first steps in what became an ongoing process of collaboration in the form of coalition building. It was clear that no one individual or agency operating alone could solve the crisis. A citizen and human service professional contacted all of the agencies concerned with rape and invited them to meet with interested citizens to discuss the possibility of organizing a coalition.

The steering committee, consisting of representatives of several agencies and a number of concerned citizens met to design a plan for action. A counselor and a citizen were elected to co-chair the coalition. A tentative time-line and some suggested goals were established.

At the early meetings it became clear that the need for a coalition would extend beyond the immediate crisis to focus on

the societal factors that influence rape and to increase awareness of methods to prevent it.

A three-pronged strategy of education, prevention, and maintenance was developed. The goals of education were to increase the level of awareness about the causes of rape by developing educational units for use in the elementary, secondary and postsecondary schools. Television, radio, and newspaper announcements, editorials, and feature stories helped focus the community's attention on the issue of rape. The goal of prevention also included the development of such programs as Whistle Stop, Neighborhood Watch, self-defense classes, and neighborhood lighting projects. The goal of the maintenance effort was to retain a coalition capable of energizing and mobilizing the community to address ongoing developments surrounding the issue of rape. It was decided that five people representing citizens and community service providers should act as the nucleus of the coalition. These five agreed to meet monthly to monitor the various strategies and to act as a clearinghouse for new information.

A broad-based commitment to community interaction was established through a series of public forums that informed the larger community about the goals and assumptions of the coalition. At these forums, counselors, agency representatives, police officers, and rape victims presented their views on the

problem of rape and solicited citizen input. A speakers bureau consisting of citizen-professional teams was established to discuss the coalition's role in the community.

Although the collaboration process has not erradicated the problem of rape in the community, several agencies have significantly modified their commitments and activities in the area of rape prevention. For example, the Retired Senior Volunteer Program has taken over the distribution of whistles for the Whistle Stop Program, the county police department has begun to work more closely with the Crisis Center in refering rape victims for counseling, and several service agencies have designated rape prevention as the primary beneficiary of their fund-raising activities.

Because human service professionals are such an integral part of the community, their efforts at primary prevention will have a significant influence on the clients they serve and the community at large. Many community service professionals have had little experience in working with citizens, partly because citizen participation has not been a part of training programs, and partly because there have been few viable models to follow. Efforts at cooperation have seldom moved to the integrated process of collaboration.

Coalitions are formed when a true partnership is desired. The process is not without conflict, however, and specific

communication skills and an understanding of group dynamics are essential to success. If collaboration is to work, human service professionals need both a committment to primary prevention and specific training in the strategies of community intervention.

References

Caplan, G.(1964). Principles of preventive psychiatry. New York: Basic Books.

Conyne, R.K.(1983). Two critical issues in primary prevention: What it is and how to do it. Personnel and Guidance Journal, 16, 331-334.

Goodyear, R.K.(1976). Counselors as community psychologists. Personnel and Guidance Journal, 513-516.

Goodyear, R.K., & Sinnett, E.R.(August, 1983). Current and emerging ethical issues for counseling psychologists. Paper presented at the American Psychological Association Convention, Anaheim, California.

Greenspan, M.(1983). A New Approach to Women and Therapy. New York: McGraw Hill.

Loughran, E.L.(May, 1981). Networking, coordination, cooperation, and collaboration. Paper presented at the Community Education Leader's Renewal Institute, Martha's Vineyard, Massachusetts.

Shoop, R.J.(1979). Developing Interagency Cooperation. Midland, Michigan: Pendell Publishing Co.